



# Quarterly Progress Report No.1 Quarter One, FY 2011 October—December 2010

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#### MATERNAL AND CHILD HEALTH INTEGRATED PROGRAM

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# SECTION 1 MCHIP OVERVIEW

#### **Background**

The Maternal and Child Health Integrated Program (MCHIP) Indonesia is a USAID-funded, three year program that will run from January 2010 to December 2012, with a budget level of USD 9.8 million. This program is being implemented by Jhpiego, in collaboration with Save the Children (SC) and John Snow Inc. (JSI). The goal of the program is to increase the coverage of integrated services in the community and facilities by:

- Ensuring that integrated MNH services are functioning effectively and efficiently from household to hospital *by*
- Improving community practices, quality of services, and management of district health services

MCHIP/Indonesia is being implemented in three districts: Serang District in Banten Province; Kutai Timur District in East Kalimantan Province; and Bireun District in Aceh province. JSI is leading the activities in Serang; Jhpiego in Kutai Timur, and SC in Bireun.

To achieve the goals, MCHIP has articulated an integrated assistance package that will be implemented through 2012. Within each program area, specific strategies will transform initiatives into concrete action.

#### Program Area 1 Program Area 2 **Program Area 3** Improve **Improve Quality** Improve Maternal and of Clinical Management of Newborn Care Services at All District Health Practices in the Levels of Care System Community

#### **MCHIP Program Areas**

This report is structured by strategy, with the outcomes and results of major tasks planned for this period reported on. Please refer to MCHIP Program Workplan for the full list of tasks.

### SECTION 2 MCHIP ACHIEVEMENTS

# Program Area 1: Improve Maternal and Newborn Care Practices in the Community

Community and household healthy behaviors and actions

• New subdistricts in each district were oriented to the MCHIP program.

#### Midwife-TBA partnership

• Based on results of Nov 10-11 visit to Takalar District (South Sulawesi), the MCHIP core team determined its approach for promoting midwife-TBA partnership. MCHIP will proceed with promoting a similar partnership program, with the Bupati and DHO issuing an SK, and each village developing a Peraturan Desa. Midwives and TBA will be oriented together, and they will determine respective roles, responsibilities, and compensation. The midwife-TBA partnership is expected to result in an increase in skilled attendance and facility-based birth.

#### Integrated postnatal care

• The Child Health and Maternal Health directorates have agreed that PNC visits will integrate maternal care, newborn care, and family planning. The next step is to secure commitment for a common visit schedule that is efficient and feasible.

#### Facility and Community Kangaroo Mother Care (KMC)

Facility-based KMC has been introduced in each district hospital. Activities included a
KMC assessment, Lactation Management Training, and KMC training. A total of 249
participants attended these activities across the three districts. Follow up will be
conducted by midwife volunteers and Perinasia trainers in Quarter 3.

#### Community Case Management (CCM)

 As a follow up to the Nepal CCM visit in September, the CCM/C-KMC multi-agency working group has committed to proceeding with CCM in Bireun and Kutai. Both midwives and kaders will be permitted to initiate treatment in the community prior to referral. Draft CCM training materials have been prepared and will be field tested during Quarter 3.

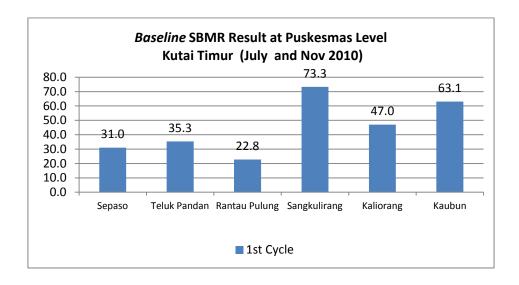
#### Handwashing with soap (HWWS) (see Appendix 1)

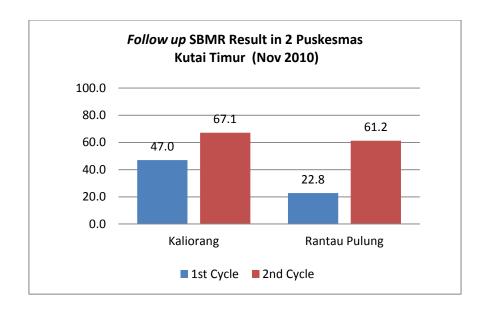
- On Oct 14—15, 2010, **campaign on HWWS** was successfully carried out at Kramat Watu subdistrict in Serang district, attended by more than 300 participants from Puskesmas and community members.
- On Oct 7-15, 2010, **The 3rd World HWWS Day** has been conducted in Kutai Timur, attended by 300 participants from DHO, district government, Community Siaga forum, subdistrict government, local NGO, private sectors and community members. The result of this event were:
  - o Talk-show HWWS in GWP Radio on 7 and 20 Oct 2010
  - o Advertisement jingle of "ibu Sehat" in GWP Radio and Swara Akademia Sangatta Radio from 8 to 22 Oct 2010
  - O Displayed the banner in the main road of Sangata, Puskesmas, DHO and village
  - o HWWS demonstration by STIKES Sehati nursery student to the Posyandu and mother in 6 villages in Rantau Pulung on 8,9,10 Oct 2010
  - o Rantau Pulung World Handwashing With Soap Day
  - o Socialization of HWWS message in community
  - o Coordination within multistakeholders in HWWS activities
  - o Develop local governmet (bupati) commitment
  - Cost share from Dinkes Rp.16,5000,000, local government Rp.33,825,000, PT KPC Rp.2,000,000, PDAM (drinking water company) Rp.1,500,000, and Radio Swara Rp.1,500,000

- On Oct 14-15, 2010, **the HWWS campaign** was conducted in Bireun and attended by 386 participants from Bupati, government, institution, cadres, puskesmas staff, head of villages and village leaders. The result of this event were:
  - o Midwifery students conducted home visits to 27 postpartum mothers and 66 pregnant mothers to promote handwashing with soap
  - Midwifery students and kaders conducted 12 health promotion activities in posyandu in Peudada sub district. Participants included 215 mothers of children under 5 who received hand washing information and hands on practice
  - o Radio talk show was conducted and received very good response from the audience who sent text messages to radio station or called directly to ask question to facilitators from DHO, Perinasia and MCHIP
  - O Quiz also conducted for 7 winners that could answer the question about handwashing with soap to save newborn lives
  - o A total of 89 patients in Puskesmas Peudada received hand washing with soap promotion
  - o Pledge of commitment signed by all participants after they demonstrated the correct steps of handwashing with soap.

#### Program Area 2: Improve Quality of Clinical Services at All Levels of Care

- As a result of the baseline SBMR assessments, onsite Infection Prevention Training was conducted in each puskesmas and district hospital. The training included classroom training, followed by 3 days of intensive cleaning and site prep at each facility. A total of 267 participated in the training and site strengthening.
- From October- December 2010, two volunteer midwives from US provided on-the-job mentoring in Bireuen and Kutai Timur districts.
- The second round of SBMR data in Kutai Timur indicated improvements that have resulted from MCHIP inputs to date (see below). Please see Appendix 2 for additional baseline data from each district.





From October-December 2010, a referral system assessment was conducted by a
midwife volunteer to identify the direct and indirect causes of referral cases of
complications of pregnancy and childbirth in each district. Forty-five postpartum
mothers who experienced a referral were interviewed in the RSUD and private hospitals
in each district. (See Appendix 3 for preliminary findings and pictures)

#### Program Area 3: Improve Management of the District Health System

- Facilitators for pra-musrenbangdes have been trained in Kutai Timur to facilitate the DTPS process in the district. These 18 new facilitators come from DHO, Bappeda, Women Empowernment and Family Planning Board, Puskesmas, Ministry of Education, Indonesia Red Cross, hospital, Siaga community forum.
- On Nov 10, 2010, **MNCH Orientation** at district level has been conducted, attended by 39 MNCH sub-team members at district level.
- DTPS trainers have been prepared in Bireun by facilitator from DTPS trainers in Serang The training was aimed to build capacity of facilitator to assist steps of MNCH budget planning and allocation in Bireuen district. A total of 22 new trainers represent government institution, DHO, Puskesmas and PKK.

#### Plans for Next Quarter (January 1-March 30, 2011)

- Conduct CCM materials field test
- Formative research for handwashing with soap, in collaboration with Unilever
- Create integrated PNC job aid
- Develop and administer PE/E online survey
- Continued on the job mentoring from local consultants and US midwife volunteers
- Develop plans for strategic discussion on skilled attendance and facility births
- Co-facilitate DTPS process in Kutai and Bireun
- Orientation to maternal-perinatal audits in each district

Appendix 1: Global Handwashing Day, as featured on MCHIP website



Every year an estimated 4 million newborns die in the first month of their lives. 86 percent of these deaths are due to a combination of infections, prematurity and complications during labor. Simple, low-cost health interventions could reduce this figure by up to 70 percent. One such intervention is handwashing with soap.

A recent community study in Nepal concluded that handwashing with soap can reduce newborn deaths by up to 44 percent. For countries where newborn mortality is high, adopting handwashing with soap before delivery and while handling newborns as a standard practice is not only important, but it saves lives. But how do you motivate individuals to adopt handwashing with soap as an ingrained habit? Programs that encourage the adoption of habits and ensure community wide consensus can enable individuals to practice good hygiene at scale- and over time.

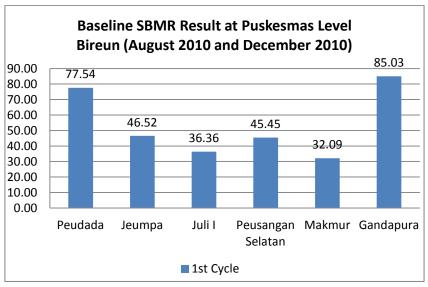
In Indonesia, in celebration of Global Handwashing Day, activities were held in all of the districts that MCHIP is working in and more. Prior to the event, radio jingles and a 90 minute talk show (with District Health Staff, MCHIP, and the perinatal professional association) about handwashing and newborn health were conducted on October 14th. In the city of Bandung, the Governor of West Java Province spent the day with school children teaching them how to properly wash their hands. On Global Handwashing Day, in Aceh, the Governor of the District led a large event, which included him leading a song on stage about handwashing! Midwifery students, the next generation of health care providers, conducted handwashing demonstrations and activities with mothers and babies and provided educational materials on the importance of washing one's hands. And lastly, bars of soap were distributed to the community for their own use at home.

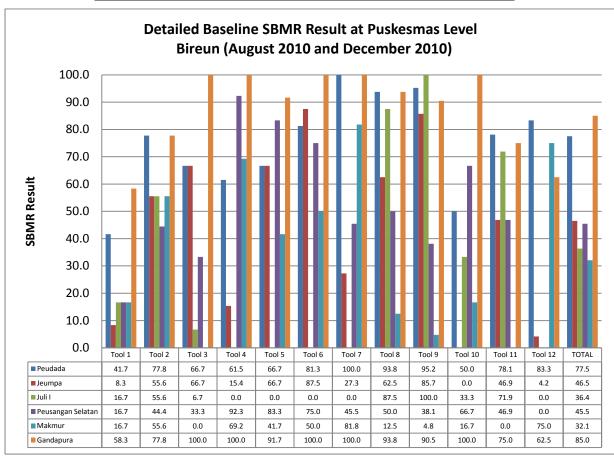
"It was an exciting day here throughout Indonesia," said Anne Hyre, MCHIP chief of party, Indonesia. "To see the community so engaged, leadership intimately involved and midwifery students a part of such an important learning event was special. Now we are hoping that the momentum carries on for "More Than Just One Day"

On this Global Handwashing Day and beyond, MCHIP remains committed to doing all that is possible to save the lives of mothers and newborns- and handwashing with soap is one simple, effective, and low-cost solution.

#### Appendix 2: Baseline SBMR results from each district

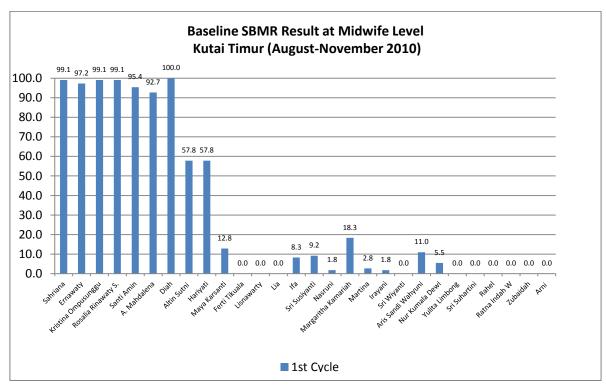
#### **Bireun District**

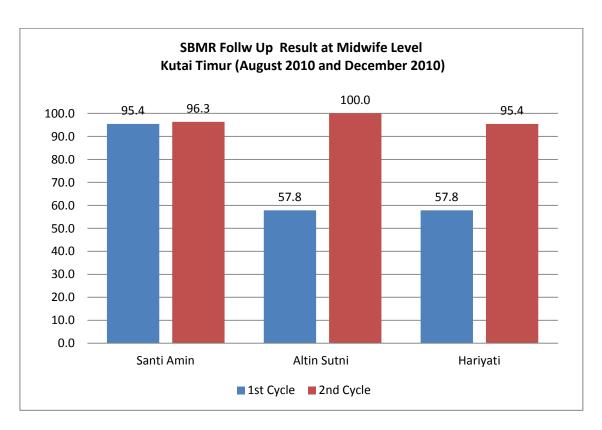


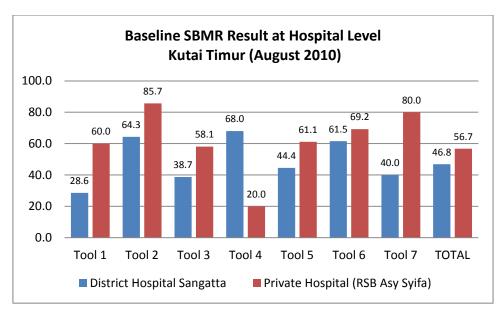


Tool 1. Physical Facility; Tool 2. Antenatal Care; Tool 3. Pregnancy Complication. Tool 4. Normal delivery and postpartum care; Tool 5. Management of delivery complication; Tool 6. Postnatal complication; Tool 7. Postpartum care; Tool 8. IMCI for nowborn <2 months; Tool 9. IMCI for 2 month to 5 years child; Tool 10. Child Immunization; Tool 11. Contraceptive methods; Tool 12. Infection Prevention

#### Kutai Timur

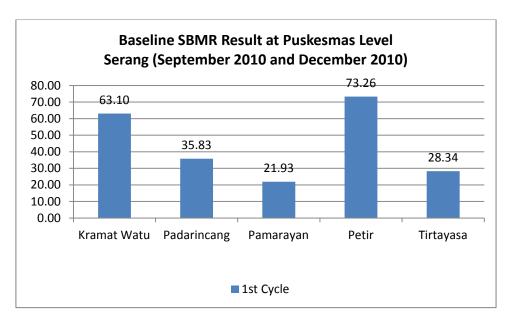


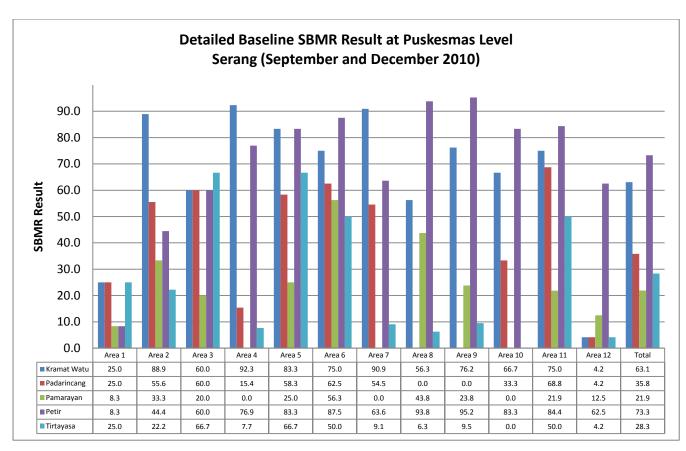




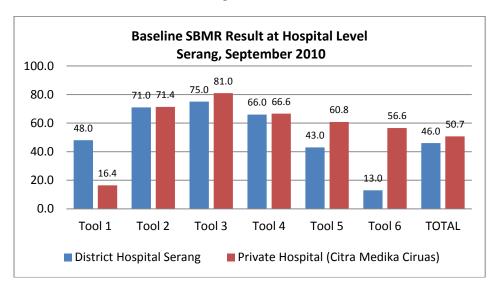
Tool 1. Infection Prevention; Tool 2. Pregnancy Complication; Tool 3. Normal delivery, delivery, postpartum and newborn care; Tool 4. Delivery complication; Tool 5. Antenatal and postpartum care; Tool 6. Family planning service in hospital

#### **Serang**





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## Appendix 3: Assessment of Referral Linkages in 3 districts in Indonesia-Preliminary Findings

#### Goals:

- To learn more about the referral process for women with pregnancy related complications and their newborns
  - o The barriers women face when trying to access care
  - o The factors that facilitate transfer of care
  - o Whether public community services are being utilized

#### Participating Health Facilities:

- In Kutai Timur, East Kalimantan:
  - Sangatta District Hospital
  - Asy Syifa Private Hospital
- In Bireuen, Aceh Province, Sumatra:
  - Bireuen District Hospital
  - Telaga Bunda Private Hospital
- In Serang, Banten Province, Java:
  - Serang District Hospital
  - Citra Medika Ciruas Private Hospital

#### **Survey Participants:**

- Women who were referred (by self or health care provider) to a hospital for a
  pregnancy-related complication, or a complication with their newborn (up to 28
  days of age)
- And their family members

#### **Summary of Survey Findings:**

Total number of surveys conducted in all three districts was 45, with a total of 98 transfers that were reported, which means on average one patient was transferred two times before arriving at the hospital. The challenges reported varied by the district. In Kutai Timur, the primary challenge was access, lack of transport and proper road to the hospital. In Serang, lack of breastfeeding support and sporadic access to insurance were cited as major problems. While in Bireun, "free services" were cumbersome to obtain, the hospital was lacking in space and needed some renovation, and the attitude of midwives toward the clients and the family was also cited as degrading. Knowledge and skills update for the providers was a general recommendation for all the hospitals as well as focus on getting the best care to the patients, by listening to the patients. The assessment will serve as a baseline for future assessments and needs analyses and can be repeated in different forms, after completing major projects or at established time intervals